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Application Number **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS -AUTHED) AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 201 202 152 203 204 205 206 207 208 **5** 15'6 8 ٠, 209 260 261 262 263 264 265 266 160 167 a 67 2 68 2 9 2 20 168 130 221 172 222 2 73 224 75 76 2 25 226 **7**7 228 |**7**9 |**8**0 |**8**1 2 30 2 31 200 Total Total Indep Indep Totat Total Depend Depend Total Total Claims Claims

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